HEALTH COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Smithtown, New York, on **June 21, 2001**, at 10:00 A.M.

Members Present:
Legislator Ginny Fields - Chairperson
Legislator Brian Foley - Vice-Chair
Legislator Martin Haley
Legislator Maxine Postal

Also in Attendance:
Paul Sabatino - Counsel to the Legislature
Mary Skiber - Aide to Legislator Fisher
Marla Musgnug - Aide to Presiding Officer Tonna
Mary Howe - Senior Budget Analyst/Budget Review Office
Bonnie L. Godsman - County Executive's Office/IR
Bob Garfinkle - County Attorney's Office
Bob Maimoni - Head of Administrative Services/Dept of Health Services
Dr. David Graham - Director of Public Health/Dept of Health Services
Paul Ponturo - Chief/Office of Water Resources/Dept of Health Services
Tedd Godek - Suffolk County Architect/Department of Public Works
Tom LaGuardia - Suffolk County Department of Public Works
George Smith - Long Island Coalition of Dog Fanciers
Emily Biegel - Resident of Bluepoint
John Biegel - Resident of Bluepoint
Marianne Zacharia - American Lung Association
Richard Couch - American Cancer Society
Claire Millman - Alliance for Smoke-Free Air
Madeline Feindt - 3rd Vice-President/AME
All Other Interested Parties

Minutes Taken By:
Alison Mahoney - Court Stenographer
(*The meeting was called to order at 10:10 a.m.*)

CHAIRPERSON FIELDS:
I was waiting for the members of the committee to arrive, but it's already ten after ten and we would like to begin the meeting so that we don't run over too long. We will begin with the Pledge of Allegiance led by Legislator Maxine Postal.

Salutation

We have several cards, we'll begin with George Smith about the dangerous dog legislation. Good morning.

MR. SMITH:
Good morning. My name is George Smith, I'm a resident of Suffolk County. I live in 671 North Dunton Avenue in Patchogue. I'm a member of the Long Island Coalition of Dog Fanciers, we represent approximately 50 dog clubs in the Long Island area. And I thank you for this opportunity to speak with you.

I came to speak with you today about the enactment of the bill to expand regulation of dangerous dogs. Yesterday we spent approximately two hours with the Brookhaven Law Department regarding the recent bill that they passed on April 16th which turned out to be in conflict with the State law. They included specific breeds, they named specific breeds such as pit bulls which is in conflict with the State law, that you cannot name specific breeds. Actually, what they did was they say they incorporated the Town of North Hempstead's bill and they took it in its entirety which turned out to be, again, in conflict with the State law. So we're working with them now in order to come up with a bill which is enforceable and which conforms with the State law. Unfortunately, they're doing their research after they enacted the bill.

We had a chance to look at the bill that you people are putting together and we believe that it's a very good bill. There's a few references under definitions that we have a slight conflict with and that is the words menacing and -- menaces and threatens; we believe those two words are subject to interpretation, they're somewhat vague and they couldn't bite legis -- litigation. I did bring -- there's a bill which was put together by the American Dog Owner's Association which has been used nationally in whole or in part by various municipalities and states and it has definitions which I would like to submit for you for your consideration when you do your deliberations with your bill. Again --

CHAIRPERSON FIELDS:
Excuse me. Have you spoken to the -- to Legislator Crecca who authored this bill?

MR. SMITH:
I have not spoken to him directly, I spoke to Kevin O'Hare which is his Legislative Assistant I believe. And I have not had an opportunity to give this model bill to Kevin yet but I will leave it with him so he can have an opportunity to give it to Mr. Crecca.

CHAIRPERSON FIELDS:
Mary?

(*Legislator Foley entered the meeting at 10:13 A.M.*)

That's basically really all I have to say on the issue except that we the responsible dog owners, we're the ones who really wind up getting affected by legislation, more so than anyone else. The irresponsible dog owners, they really don't care what legislation you pass because they don't have any intention of abiding by it anyway. So we just want to be careful that the things that are passed don't adversely affect the great majority of dog owners which are responsible. And if there's no questions --

CHAIRPERSON FIELDS:
Legislator Haley.

LEG. HALEY:
Is it safe to say that you support to the concept but you would like to see some changes of this particular bill?

MR. SMITH:
The bill itself, from what I've have seen, I understand you're still working and fine tuning it but -- Mr. Crecca is still fine tuning it,

but from what we see we're very happy with the bill. We believe that together with the State legislation that it can be effective in controlling some of the irresponsible dog owners.

LEG. HALEY:
Do you have any idea what the SPCA's position is concerning this; Suffolk County SPCA?

MR. SMITH:
Not directly. I can tell you the American Kennel Club's position is that they support legislation which regulates dogs which is enforceable and which is non discriminatory.

LEG. HALEY:
Right. I --

MR. SMITH:
And not breed specific.

LEG. HALEY:
I understand that. It seems of late we've had an awful lot of legislation flowing out of this body that creates innocent victims such as -- in your case it would be, you know, responsible dog owners may become in fact victims of legislation. Thank you, Madam chair.

CHAIRPERSON FIELDS:
Thank you. We will distribute a copy of your recommendations and also speak to the sponsor of the bill.

MR. SMITH:
Thank you so much.

CHAIRPERSON FIELDS:
Thank you. Dave Graham, Director of Public Health?

DR. GRAHAM:
Good morning.

CHAIRPERSON FIELDS:
Good morning.

DR. GRAHAM:
I'm Dr. Graham, I'm Director of Public Health.

CHAIRPERSON FIELDS:
Can I just ask that you speak right into the microphone? Thank you.

DR. GRAHAM:
Yes. I'm Dr. Graham, David Graham, Director of Public Health, Suffolk County, and I have been asked to speak briefly on Lyme Disease here in Suffolk County.

As you may know already, it's the most common tick-borne disease in the United States and certainly here in Suffolk County, although half a dozen or so tick-borne, tick-transmitted diseases. We have approximately six to 800 cases reported each year, it's been reportable since 1986 for the last 15 years. We believe there's probably another equal number of cases that are not reported. That would indicate to us that about every year we have a prevalence of about one per 1,000 people with Lyme Disease in Suffolk County.

Lyme Disease is transmitted by an infected deer tick, Ixodes Scapularis here on the east coast of the United States. It's caused by a bacterium, Barilia Burgdorferi, and there are a number of species of Barilia in the rest of the world but that's the one responsible for the illness here in the United States. It's incubation period is approximately one to two weeks but it can range anywhere from three to 32 days. So in general, you're going to be looking for clinical manifestations that occur within that period of time. The most common signs and symptoms include a rash, a red erythematous, flat, expanding rash at the site of the tick bite. It's usually noticed by the patient usually in about eight out of ten cases, it may not be noticed in a number of situations, obviously if it's in your hair or on your back of your knee or something it may not be noticed.

In addition to that, you may present with headaches, fever, lymphanopothy, myalsis, arthritis. It's easily treated. I believe in the majority of cases, well over 90% of cases are usually treated with common anti-biotics regimens, a half of dozen medications are used frequently and very effectively here in the United States and the rest of the world.

And I'll be glad to entertain any other specific questions you have on this disease if you'd like. There is certainly -- there is a vaccine that's available as well, it's been licensed by the Food and Drug Administration since December of 1998 so it's had -- it's going on its third year of use. It's believed to be safe and effective in approximately 75 to 80 people out of every hundred that it's

administered to. And like all medications, it obviously has some limitations as well.

CHAIRPERSON FIELDS:
Legislator Postal.

LEG. POSTAL:
Thank you. Yeah, first a question with regard to the vaccine, because I know it's been around for a couple of years now but I don't seem to hear any, I guess, public information campaign about its availability. Is this the concept that it's better to avoid exposure and avoid I guess a medication if you possibly can? Because I've heard very little about it.

DR. GRAHAM:
Well, in terms of looking at Lyme Disease, there are two approaches. One is preventive which certainly would include the use of the vaccine and people have prolonged and frequent exposure to the tick and certainly we're in an endemic region, Lyme Disease here in Suffolk County. But more importantly than that is the fact that basic, personal protecting measures should be practiced by everyone and certainly those who have more frequent and prolonged contact in wooded areas and tall grass, etcetera, outside individuals.

In addition to that, it's very important to recognize that early diagnosis and treatment is paramont because it's easily treated in a majority of cases. So if you practice personal protecting measures, early diagnosis and treatment, that would certainly preclude the need for a vaccine and people would have a moderate or to low risk. Individuals who certainly have a very high risk based on their recreation or their work activities, then they should consider the use

of the vaccine as an additional protective measure.

LEG. POSTAL:
Right. There just seems to be very little public education about the availability of the vaccine.

DR. GRAHAM:
The vaccine is -- yes. The vaccine is actually readily available, physicians all know about it and probably close to a million people now taking advantage of the vaccine in the entire country. It is a three shot series so it does take some time to get it and in general the first two shots are about a month apart and the third shot is 12 months apart. But they have seen an accelerated regimen of giving the vaccine in two months period of time to give all three shots. It's most effective when it's completed prior to the season in which the tick transmits the bacterior, so that would be April or May, so that would be most effectively given if it's given prior to that season.

LEG. POSTAL:
The other question I have has to do with I guess a number of years ago when we first began to the -- we the general public began to be aware of Lyme Disease. There were similarities of symptoms reported among Lyme Disease, Chronic Fatigue Syndrome, Rheumatoid Arthritis, is there any relationship or has been there been any, I guess, proven clinical relationship between Lyme Disease and any other illness or condition?

DR. GRAHAM:
In the medical literature, there is an association between naturally acquired chronic resistent arthritis and natural infection from the bacteria Barilia Burgdorferi. There's been no association in the medical literature of that direct relationship due to the non infectious recombinate vaccine. Now, it's very important for individuals to realize that in every use of any medication, including vaccines which are known to be safe and effective for hundreds of thousands of people, that there's always the possibility of adverse events, and those need to be clearly documented with individuals and their physician because you need to take -- you have to ask specific questions, you need to take a very clear history of previous illnesses, you need to do appropriate laboratory tests and that has appropriate laboratory tests and that has to be documented so that the Food and Drug Administration would have that information.

LEG. POSTAL:
Thank you.

DR. GRAHAM:
Okay, you're welcome.

CHAIRPERSON FIELDS:
Legislator Haley, did you have a question?

LEG. HALEY:
I'll pass.

CHAIRPERSON FIELDS:
You mentioned that we report 600 to 800 cases a year but there are others, hundreds of cases that are not reported. Can you tell me why they're not reported, is it because they're misdiagnosed?

DR. GRAHAM:
There are a number of reasons why many reportable diseases are not

reported. Certainly one would be included in that cases that are not clear-cut, the clinical manifestations may be atypical, laboratory tests may be conflicting in terms of trying to make the diagnosis, and certainly there are others that simply are not reported on a regular basis or they may be reported a year or two later. We see that frequently in most reportable diseases, especially in diseases that are non life threatening, they don't have a significant mortality rate like, say, meningitis caused by meningocoele bacterior or something like that. But in general we would estimate about one out of every thousand people here in Suffolk County would develop Lyme Disease each year. Now, you can look at that figure and say yes, that's a very prevalent disease here in an endemic region like Suffolk County, but it also indicates that there are a very large number of people who don't come down with Lyme Disease each and every year and that's important and reassuring to know as well. And that's why it's important to practice those personal protective measures, tick checks when you're going outside, etcetera, wearing appropriate clothing,

being aware of the signs and symptoms of the disease so you can seek early attention.

CHAIRPERSON FIELDS:
When we first had the epidemic, so to speak, of Lyme Disease on Long Island, I know that we had some difficulty with the diagnostic testing of it and there were many false positives and false negatives; has that improved?

DR. GRAHAM:
Yes, that's dramatically improved. Currently the criteria requires a two stage testing procedure to be done in order to confirm by laboratory test any clinical presentation of Lyme Disease, and in general those tests have been very reliable. And like all tests, they do have a very small percentage of false positives and false negatives, as any test does, for many reasons. But in general, it certainly has clarified the issues of laboratory confirmation of individuals, it doesn't work on everyone but it's a very reliable and sensitive indicator of confirming clinical manifestations of the disease, by doing this two stage testing, ELISA Test and Western Blot Test are the ones that are done here in the United States.

CHAIRPERSON FIELDS:
Thank you.

DR. GRAHAM:
You're very welcome.

CHAIRPERSON FIELDS:
Emily Biegel.

MS. BIEGEL:
Good morning. Thank you for listening to me today. Well, I hope you'll listen to me.

CHAIRPERSON FIELDS:
Good morning.

MS. BIEGEL:
I live in Bluepoint, New York, and I'm really here to speak about my husband and his experience with the Lymerix Vaccine. I'd like you to know that there is a great deal of question about the safety of this

vaccine. It was approved in December, 1998, by the FDA with many reservations and the FDA held a hearing with its advisory panel in January in Bethesda, John and I were there, and there are continuing concerns about serious, adverse events from this vaccine.

Being outdoor people, John especially, he spent 33 years as the Director of Training at the Guide Dog Foundation for the Blind, and he had constant exposure, both through his work and through his leisure activities, to tick bites. I was at the doctor's office last spring for a check up, saw the poster for Lymerix, had seen some advertising on TV, got the shot, came home and said, "I think you should get this shot to protect you." He went and got his first shot, a month later we got the second shot and within about six or eight weeks after that he began to have symptoms that we didn't recognize at first as neurological systems. He had back pain and then he began to have abnormal sensations, tingling and numbness, a pins and needles feeling

in his hands, his feet and his legs. I was thinking maybe he had a bad disc, the idea of a neurological disease would never have occurred to me.

As it turns out, approximately 30% of the population carries a gene, HLADR-2 or HLADR-4 that predisposes them to severe autoimmune disease as a result of the way this vaccine works. John is positive for HLADR-2. The people that are positive for DR-4 are more likely to have very serious treatment resistent arthritis that incapacitates very young people. We know of a 17 year old, a high school senior, horsewoman, wanted to go to vet school who -- her mother decided it would be a good thing to protect her with this vaccine, she has severe arthritis, missed a whole year of school.

Well, just to get back to our situation momentarily, John has spent almost a year suffering through terrible pain, neuropathy, edema, four hospitalizations, skin from the cortizone he's been treated with that is so delicate that if he takes a band-aid off he rips the top layer of skin off. He's been insulin dependent as a result of the treatment for this disease.

Our neurologist, who is the Chairman of the Neurology Department at North Shore and previously worked at Stony Brook where he did a lot of Lyme Vaccine -- I'm sorry, a lot of Lyme Disease research, after our first visit reported this to the Vaccine Adverse Event Reporting System which is an arm of FDA and Centers for Disease Control. There's been a lot of national publicity. Tom Brokaw, Nightly News, had a piece about Lyme vaccines and the dangers and the growing questions as did Newsday fairly recently, there's been a series of articles. And interesting, Ms. Postal, that you bring up the fact that there isn't much information out there. I've noticed this year that the Lymerix advertising has vanished from television, it has vanished from print ads; there is great concern about this vaccine and I just want you to be aware of it.

Now, I got the same doses as John, but apparently I don't have those genes that would cause me to have the reaction. But the literature that doctors that are giving out this vaccine are given, that literature says, "Might have soreness and swelling at the injection site, there might be temporary flu-like symptoms." It did not mention the fact that these are serious life-changing, adverse events, and 30% of the population is a pretty high percent of the population to be

having this gene that could have the potential.

My final word is that the pharmaceutical manufacturer rushed this to market because there was a lot of interest in having a Lyme vaccine. And in the process of doing that, they knew from their vaccine trials and their research that certain people at least theoretically could have these really serious, adverse effects from the vaccine. But it was dismissed as being too cumbersome, too expensive to test and it was put out there and it's really, I feel, very dangerous. John is on disability, he walks now but with difficulty and our lives have been turned upside down by something that we took thinking it was safe.

I'm a good soldier, when the doctor says, "Take this medicine," I take it, I don't question. And -- but now I do, no more flu shots for me,

never, nothing. And maybe that's the worst part of it, that it makes you afraid of something that really should be helping you.

CHAIRPERSON FIELDS:
Mrs. Biegel, when you went for the shot, did the doctor ask you if you had any -- or caution you that there might be some adverse side effects that might be life changing?

MS. BIEGEL:
No. And I don't -- when I asked our doctor to test John for the HLADR-2 and DR-4, she wasn't even aware of this. So I know that she wasn't informed by the pharmaceutical company that there were people that should be screened. There are people that have very bad adverse reactions who have preexisting, non symptomatic Lyme Disease if it's in their system. What John has is called Chronic Inflammatory {Demyelinating} Polyneuropathy. His antibodies got all in a dither after dealing with this vaccine and began to attack the covering of his nerves, so the signal from your head that says move your right foot is not getting there; it's like the insulation on an electrical wire. And the arthritis piece of it is that in some people it goes into the large joints like the knee and starts attacking the tissue of the joints. There are young people, we have met so many people -- there's a website called "lymevaccine.org" specifically for vaccine victims -- and young people, active people who can't get up in the morning without taking a handful of medicine for the pain of this terrible arthritis.

CHAIRPERSON FIELDS:
Have you been given or has your husband been given a prognosis for what has occurred since the vaccine?

MS. BIEGEL:
We don't know. Our neurologist says sometimes this disease burns itself out after a few years. But in the meantime, he has to be maintained at least once a month with a series of plasma {farisis} treatments. He goes to North Shore, he's hooked up to a machine, sort of like a dialysis machine, his plasma is filtered out which contains the antibodies which are attacking the nerve covering and it's replaced with Albumen and that's just kind of a stopgap measure until hopefully this disease burns itself out. He's made a lot of progress but a lot of that is the kind of person he is that will push himself; he goes out to garden crawling around on his hands and knees with big knee pads on because he's not going to sit in the house. But it's devastating, it's devastating.

LEG. POSTAL:
At this point, do you know whether the pharmaceutical company that manufactures the vaccine is including that reaction for that genetic -- that genetic makeup as a contraindication?

MS. BIEGEL:
I don't. That was one of the things that arose at the FDA meeting, that at least, at the very least this vaccine should be labeled with information that would give a primary care physician some basis for knowing that it would be safe to administer. I do find it odd, however, there was a website, "LymeRix.com" and that has disappeared. And at the main laxo SmithKline website they talk about the vaccines they produce and there's one brief mention of a Lyme vaccine but there is no mention of Lymerix vaccine, that's something they can do.

LEG. POSTAL:
And it's SmithKline who manufactures the vaccine.

MS. BIEGEL:
Yeah.

LEG. POSTAL:
I would just be curious about asking Dr. Graham if he could check for us whether the current information that's provided with the vaccine includes a contraindication for individuals with specific genetic makeup? I think that's -- that would be really important to know.

I have another question, just as a person who knows nothing about genetic testing. How long does it take and how complex is it to test to see if an individual has the genetic makeup that by, I guess, experience shows that predisposes an individual to these complications and contraindications.

MS. BIEGEL:
When we asked the doctor to perform this test, it was a blood test and I believe it took about a week and a half, it was sent to a laboratory in California for the testing; I guess it's something very specific that's only done in certain places.

CHAIRPERSON FIELDS:
It would seem that some kind of public information should be presented to physicians and the medical field that there are severe adverse effects. I mean, maybe when people look at the numbers, 30% doesn't seem to be a big deal unless you are one of the 30% and it alters your whole life. Dr. Graham, did you have anything that you wanted to add in response to Legislator Postal's suggestion? You have to speak on the microphone.

DR. GRAHAM:
I'm sympathetic to the woman's husband and condition. This emphasizes the importance of documenting clearly any kind of reaction related to any medication given. It doesn't necessarily mean that there is a cause and effect relationship there, a condition that she described as Chronic Inflammatory Demyelinating Polyneuropathy is not a condition where we know the cause clearly and therefore I would caution everyone not assume that it's directly related to some temporal event. But it does emphasize the importance of documenting any adverse event to any medication because that's how we get information that's very critical. There's no medication or vaccine that's safe and effective in everyone, that's why we always weigh benefits and risks involved in

any medication, including penicillin or erythromycin or doxycycline or any vaccine that you might get. Nevertheless, the benefits far outweigh the risks for the vast majority of these very carefully evaluated medications in this country, more so than anywhere else in the world.

CHAIRPERSON FIELDS:
Do you have any idea when medication is printed or when they do the statistics of the percentage of adverse effects? When do they make a decision that that percentage is too high; is 30% high, is 10%?

DR. GRAHAM:
Yes, that is a -- that's part of the clinical trials. For example, when they get to human being testing, we call it Phase III Safety and Ethicacy Trials, at that time it's very clearly enumerated what events occur and to what frequency do they occur and to what degree, how serious are they. And depending on the disease and on the event, that will many times weigh whether or not a medication is delayed, postponed or dropped from any approval process. So it depends on many factors.

CHAIRPERSON FIELDS:
So they never really just --

DR. GRAHAM:
There's no black and white percentage, it depends on the severity of any reaction, the frequency of the reaction and what group of individuals and is there a clear cause and effect relationship established that makes biological sense?

LEG. HALEY:
It seems interesting that everything is -- I would be suspicious as a layperson when something disappears off a website, you don't see advertising, and apparently there's been a lot of adverse reactions reported to this division of FDA. So at a minimum, I don't want to assume anything, at a minimum could you investigate what the FDA has, in fact, learned over the last few years since this vaccine has been in place? And the reason I ask that is simply because we have a high incidence compared to other regions of Lyme Disease and I would be cautious to talk about Lyme vaccines in absence of knowing some of that information that has come to light over the last two years.

DR. GRAHAM:
Actually, that information has been well-known in the literature for -- since the early trials, genetic subtype, association with naturally acquired chronic resistent Lyme Arthritis is well-known in medical literature. That does not necessarily mean that it's associated with something that is non infectious like a vaccine, that is derived from a portion of the bacterium. It's clearly non infectious, there's no way you can get Lyme Disease from the vaccine itself.

LEG. HALEY:
But there's a periodic revaluation?

DR. GRAHAM:
That's correct. There are constant evaluations.

LEG. HALEY:
So are you familiar with the most recent periodic evaluation?

DR. GRAHAM:

Yes, I am.

LEG. HALEY:
Thank you.

LEG. POSTAL:
Do you -- I mean, you know, obviously you might not know this, but is it possible for you to research whether there's any documentation that would support a relationship between use of the vaccine and these contraindications for these genetic -- individuals with this genetic makeup?

DR. GRAHAM:
Yes. We have researched that and I have a peace of testimony for the Legislative committee, and I will leave that with each and every one of you.

LEG. POSTAL:
That would be great. And the other question I would ask is the same question I asked just a few minutes ago, whether if there is documentation whether there's any -- you know, on the printed material that comes with any pharmaceutical there are contraindications -- whether there is a contraindication indicated for individuals with that specific genetic makeup if there has been documentation?

DR. GRAHAM:
That has not been medically documented that that -- that is not a known contraindication with that specific genetic subtype, HLADR-2 or four, at this time. That is not clearly documented in the medical literature other than in naturally acquired Lyme Disease Resistent Arthritis.

LEG. POSTAL:
Do they -- you know, I'm remembering -- I'm trying to picture the printed material that comes with pharmaceuticals. What's required? I know where they list contraindications sometimes, you know, they'll say may.

DR. GRAHAM:
The contraindications are actually quite clear on medication because physicians look at that -- it's essential that they look at that prior to giving any medication. In this case, any component of the vaccine, any allergic reaction, known allergic reaction to any component of the vaccine is a clear contraindication, certainly not an indication to give this vaccine in very clear-cut groups of people. For example, you don't give it in children, it's not -- it has not been determined to be safe and effective in children under 15, it's not given to women who are pregnant, it's not given to individuals over the age of 70, it's not given to individuals with chronic resistent arthritis. It's not given to many groups of individuals clearly because the clinical trials did not include in the evaluation whether or not it would be safe and effective in certain individuals. And those are clearly indicated in the medical literature and in the medication literature.

LEG. POSTAL:
What kind of documentation would have to exist, or how close are we to that documentation with this situation, in order for a contraindication to be listed as a may, you know, rather than clearly it's not recommended?

DR. GRAHAM:
Well, we go -- in the medical literature they try to determine whether or not there's a significant risk that is -- can clearly be associated with a pharmaceutical agent such as this, and there's a temporal relationship with giving the medication to someone as well as biological sense to it. And as I mentioned in the testimony that you'll see, is that clearly to the chairman and the discover of the Lyme Disease clinical presentation, Dr. Allen Steere who's the Chairman of Rheumatology and Immunology at New England Tuft's Medical Center, School of Medicine, just passed this past week, he wrote a very fine review article in the New England Journal of Medicine, and I have those comments in this report.

CHAIRPERSON FIELDS:
Mrs. Biegel, in your discussions with other people, I'm assuming that you've reached out to many people, have other people reported the same conditions that your husband has?

MS. BIEGEL:
Yes. When we were at the FDA Advisory Panel meeting in January, the Chairman or the person in charge of the Vaccine Adverse Event Reporting System at that point had a chart which indicated 82 serious adverse events five of which were demyelinating disease and a certain number of which were arthritis. I would be happy because I'm only a layperson, but I would be very happy to print for you from my computer the 314 pages of testimony from that meeting and you really would be amazed at the people from Mayo Clinic and Johns Hopkins that have serious concerns about this vaccine. I think we need a vaccine, we just don't need this vaccine.

CHAIRPERSON FIELDS:
Thank you.

MS. BIEGEL:
No one can tell me that it's statistically safe.

CHAIRPERSON FIELDS:
Dr. Graham, the arthritis cases that they are putting as a contraindication, are they permanent?

DR. GRAHAM:
The vaccine is not recommended for anyone with Chronic Resistent Arthritis, number one, so the vaccine should not be given. Number one, it's impossible to evaluate the effectiveness of the vaccine if given to an individual like that. And --

CHAIRPERSON FIELDS:
I'm not talking about someone that has arthritis already but the people who have --

DR. GRAHAM:
Arthritis is a very common disease, over 35 million people in the United States have some form of arthritis. And it has a waxing and waning effect, as many individuals who have had certain types of arthritis know, sometimes it flares up, sometimes it's more serious than other times. So it may go on, it's generally a chronic disease over a period of time.

CHAIRPERSON FIELDS:

I'm really referring to the young people that have come -- have had this vaccine and have come down with arthritis, those are the ones I want to know, have they been reported as having permanent arthritis? I know that arthritis waxes and wains, but when a young person gets it there's something wrong. So those young people who have contracted arthritis due to the vaccine, are they permanent?

DR. GRAHAM:
I would not make the assumption that the Lyme Arthritis and Autoimmune Arthritis is a result of this particular vaccine; I would not make that assumption medically.

CHAIRPERSON FIELDS:
They why were there so many cases that were reported in the newspaper and media after the vaccine?

DR. GRAHAM:
Well, as you know, medical literature does not depend on the news media or websites or lay journals, it depends on peer review medical journals to clearly elicit whether or not there is meaning, significant meaning to any of these reactions. And I'm sure there probably are but that's why one reason why you have an adverse event outcome process with the Food and Drug Administration. But I certainly would not depend on any lay media or website or a newspaper.

CHAIRPERSON FIELDS:
Okay, then let's just have a hypothetical.

DR. GRAHAM:
Yes.

CHAIRPERSON FIELDS:
Let's say a young person -- I'll give an example. My son had the vaccine and he's out in the field all the time and he's 23 years old, he was not told when he got the -- when he had the vaccine that there might be a contraindication or that some people might come down with arthritis and he was given the vaccine, let's say he got it, arthritis; he did not yet. In the reported cases that you've read about, do they say that it's a temporary arthritis or do they not allude to anything about the permanency?

DR. GRAHAM:
Number one, I wouldn't speculate or hypothesize about something potentially serious like that. Number two is that arthritis is such a common disease and so frequent occurring disease over time that if there's not a clear-cut temporal relationship it would not be unusual for anyone at a young age in their 20's and 30's to develop early signs of arthritis; that's not particularly unusual since it's such a prevalent disease. And as I said, in general it's safety and ethicacy have been clearly evaluated in tens of thousands of people and certainly now over hundreds of thousands, probably I believe close to a million people now have received the vaccine, there's always the possibility of rare, adverse events in any medication and those are serious and those need to be looked at carefully and documented very carefully and not documented in the media.

CHAIRPERSON FIELDS:
In your experience when there have been medications that have been released and withdrawn at a later date, do you have any idea of how long or how much or when a pharmaceutical company realizes that

perhaps this is not the right thing to do and we need to pull it back?

DR. GRAHAM:
Yes, those decisions would depend clearly on the documentation of the event. And as I stated earlier, it depends on the severity of that event, whether or not it's even to the degree of causing death a life-threatening or a life-altering event and a clear association with the medication, so that has to be looked at individually.

CHAIRPERSON FIELDS:
Okay, thank you. Anyone have any other questions? Thank you very much. Thank you. Paul Ponturo?

MR. PONTURO:
Good morning.

CHAIRPERSON FIELDS:
Good morning.

MR. PONTURO:
I'm Paul Ponturo, I'm Chief of the Office of Water Resources, Suffolk County Department of Health Services. This is regarding the Introductory Resolution 1490, adopting a Local Law to establish healthy bottled water labeling. The department was asked to comment on the proposal and we're here to answer questions.

Briefly, to give you some overview of our regulatory responsibility with bottled water right now, we currently act as the agent for the New York State Health Department. Bottled water is regulated in the United States, both by the FDA and then within New York State by the New York State Health Department. Specifically we're charged with acting as the State's agent in Suffolk County and enforce Subpart 5-6 of the Sanitary Code.

New York State currently certifies 171 bottled water facilities. The State Health Department has advised us that those facilities bottle under as many as 50 different label brands; currently their total brand label listing is 1,364 different brands in New York State. Within that -- within each brand, you might want to be aware of the fact that three or four or five different size category bottles are sold, so that would increase the number of labeling, the amount of labeling beyond that point.
Regarding the resolution that is proposed, we have expressed our concerns regarding the definition of bottled water and we suggest that the legislation consider amending it or changing the definition to by citation if possible, be identical to the one in the New York State Sanitary Code.

Regarding the labeling requirements themselves, it should be recognized that right now both the FDA and New York State Health Department do require certain labeling requirements specifically regarding the source water type, the corporate officers of the company, the net contents and capacity, in New York State any secondary aesthetic drinking water standards that might be exceeded and in New York State also the unique New York State ID number.

It should be noted that the FDA has some very strict regulations regarding labeling of products under their jurisdiction under their terminology of identity. And the State Health Department we have been in contact with regarding this and they have expressed some concern

that the Federal regulation may preempt a local regulation. Accordingly, we sent a copy of the regulation down to the FDA on May 24th and as of earlier this week we have been advised that they referred to it to counsel and they'll be getting -- they have referred the bill to counsel and they'll be getting back to us. But New York State Health Department has had prolonged discussions with FDA staff about their own labeling requirements and the possibility of preemption at the State level.

Regarding the issue of the -- well, first of all relative to the right to know rationale of the bill, the department is certainly in agreement with the desirability of that. You should be aware that in 1996, Congress, regarding bottled water in amending the Safe Drinking Water Act, Congress asked the FDA to do two things. Number one, to set up a process whereby all future drinking water regulations would have to be incorporated fully into the FDA requirements for bottled water. The FDA has a 180 day period when the EPA announces intent to regulate a new contaminate to essentially either mirror the EPA regulation or to adopt their own regulation for that contaminant. So that right now as far as the regulated contaminants and the levels at which contaminants are regulated in bottled water, it's identical to public water supply in the United States.

The second thing that the FDA was directed to do by Congress was to essentially look into the possibility of how to go about bringing data to the customer or to the user of bottled water, similar to the way community water systems are required to make consumer confidence reports or water quality reports as they're called locally. The FDA did follow that regulatory requirement and I commend the discussion of the alternatives to your attention that's available in the register.

One of the things in particular that they did talk about was the practicality of putting at the time currently about 90 regulated contaminants and the contents on the label. Again, FDA has a lot of concern about the idea of excess amounts of information going on a label and the possibility that it may do more harm than good in the sense of obliterate or make it less easy to read other information that they feel the consumer also needs to know. So that essentially they evaluated other alternatives. They felt that emphasis -- if there was a mechanism to be viable, they felt that the viable mechanism was essentially to have a clear understanding on the label that if you're interested in the results you can call an 800 number or write to a specific address. In effect, through bottled water association, the professional organization of the bottlers, informally that already exists. I think the FDA does require the manufacturer's name and address to be on there. So that among their members, association members, they've told us this is already done.

The discussion of Internet access was kind of interesting to us also in the sense that they felt that nationally, given the level of Internet access, that it wasn't a viable alternative. I think in terms of looking at alternatives locally, that's something that we've certainly looked at. We're actively considering, you know, some sort of a long-term monitoring commitment that we want to discuss with you that would involve making our data available on the Internet on an ongoing basis rather than spending -- expending a lot of effort every ten years and generating a report which is pretty much what we and a number of other localities have done. And we feel in the long run that would go a little bit more in the direction of the sort of thing that it appears legislatively was in mind.

The other issue that I think I'd like to address, it was the statement of legitimate concern that there are autoimmune or compromised individuals and that their concerns are different than the population at large. I think the problem there from a practical standpoint is the same problem that EPA has wrestled with in terms of public water supplies. And what I think should be looked at are the comments that EPA requires that the public water suppliers put in their annual statements for autoimmune comprised individuals, which is essentially that there is always a possibility that no water supply should be considered sterile. And that the main problem in dealing with these individuals essentially are opportunistic infections and that really these are decisions that should be made by the individual with their doctors in terms of how to proceed. But that essentially given the myriad number of bacteriology analysis and the difficulties in making those analysis, from a practical standpoint it just, you know, defies a real response other than to make that statement. So that if you look at the annual water supplier statement requirements locally, you'll see clear language in there saying that all users of water including bottled water should consider that as a fact. So I want to bring that to your attention.

Essentially, that's it in a nutshell in terms of where we are right now.

LEG. POSTAL:
I think that in terms of the intent, it doesn't just relate to the 90 contaminants, possible contaminants that you spoke about. I mean, obviously a manufacturer of bottled water is providing water that has certain chemicals, minerals, whatever, in the water and has to be tested periodically to meet State standards and I guess Federal standards and there has to be reporting, I would assume.

MR. PONTURO:
Of those regulated contaminants, that's correct.

LEG. POSTAL:
Yeah. But I think part of the intention -- I think, you know, other than the contaminants which may be in there which I don't think the manufacturer may intend to have in there, but I think that part of the intention behind the bill is an informational, a consumer's informational tool which is more usable than when you're in the supermarket and you're looking at purchasing this item, taking down a phone number and going to phone and calling, specifically for individuals who either have allergy sensitivities or just choose not to ingest certain chemicals. So it's really more of an informational process that has to do with what is regularly included in the product than what may be contaminating the product at any particular point in time. How would that conflict with Federal preemption?

MR. PONTURO:
Well, I think the issue basically as it stands right now is that the information that would go on the label are the contaminants that the water is routinely being analyzed for.

LEG. POSTAL:
But wouldn't it also require the manufacturer to include information about what is -- what ingredients are being added to that H20?

MR. PONTURO:

Well, if ingredients are being -- again, the question in my mind is what you mean by ingredients being added. Both under our regulations and State regulations, ingredients that are added no longer make the water a bottled water. If you are talking about, you know, additives for flavor and so forth, that's --

LEG. POSTAL:
No, I'm not talking about flavor. For example, let's say there was a bottled water that you used fluoride.

MR. PONTURO:
It's labeled that they had fluoride.

LEG. POSTAL:
It must be labeled.

MR. PONTURO:
That's correct. And in fact, the one I can think of right now --

LEG. POSTAL:
Why fluoride?

MR. PONTURO:
-- is a Dannon product.

LEG. POSTAL:
Because it's a potential contaminant in quantity?

MR. PONTURO:
No because under FDA requirements those are additives.

LEG. POSTAL:
Okay. So under FDA requirements, those additives must be listed.

MR. PONTURO:
The fact that they're --

LEG. POSTAL:
Where?

MR. PONTURO:
On the label.

LEG. POSTAL:
They're not -- I don't see them on labels, on bottles here in Suffolk County.

MR. PONTURO:
The only fluoridated water I can think of right now is Dannon is selling a fluoridated product, that's the only one.

LEG. POSTAL:
Are there any other additives that are in bottled water sold in Suffolk County?

MR. PONTURO:
I am not aware of any additives per se. Bottled waters are required to be treated, New York state requires disinfection the same was way as it requires disinfection of public water supplies.

LEG. POSTAL:
I mean, when I -- if I go to the supermarket now, if I walked into the supermarket and picked up a bottle of bottled water, there is no bottle I would find that has any label information about any additives; could I assume that there are no additives in any of those bottled waters?

MR. PONTURO:
In terms of deliberate additives?

LEG. POSTAL:
Yeah.

MR. PONTURO:
I'd say that's a fair statement.

LEG. POSTAL:
That I could be confident that there's nothing in there.

MR. PONTURO:
Most bottled waters are being treated essentially removing physical material, carbon is sometimes added to improve the taste. Again, all bottled waters are being disinfected and disinfection by a zonation is the primary concern. And again, relative to that process, okay, bottled waters are now required to look for the disinfection biproduct of a zonation which is called Bromate.

LEG. POSTAL:
Why don't I see any of that on a label?

MR. PONTURO:
Regarding what, the treatment process?

LEG. POSTAL:
Yeah.

MR. PONTURO:
Currently it's not required.

LEG. POSTAL:
That's exactly my point. If it's not required could there be an individual who had a sensitivity or just, you know, felt that a particular additive was not healthy; is that possible?

MR. PONTURO:
Treatment requirements, the only legislative requirement right now code wise at the State level is that if a bottler is using -- if a bottler is bottling a municipal water supply source, they require that the municipality mentioned and that the method of treatment be added at that point.

LEG. POSTAL:
But I guess I'm asking you because I legitimately don't now know. Is it conceivable that a person might have a sensitive to a Bromate let's say that's used in normally treating bottled water, is that a possibility?

MR. PONTURO:
I'm not a doctor, so.

LEG. POSTAL:
Oh. Well, you know, I just am curious because if there is an individual who has a sensitivity or who chooses not to ingest that, shouldn't that person have that information?

MR. PONTURO:
I think we're in agreement with you that the analytical requirements and the various contaminants that water supplies are being analyzed for, the data should be available. The issue basically is --

LEG. POSTAL:
Where?

MR. PONTURO:
Well, and again, it is available right now through contacting the manufacturer, it's available through contacting the State Health Department, you know, any data that we have done historically in terms of our own analysis has been available to people.

LEG. POSTAL:
Yeah. I guess my feeling is --

MR. PONTURO:
But I think that the practicality of putting all that data on the one label is really something you should consider.

LEG. POSTAL:
Well, you know, probably the people who can peas probably had the same objection to putting all the information that is on a can of peas today on that can. And when I as a consumer am making a choice, I would hate to have to rely on not making -- not having the information at the time that I'm making the choice and going to another source, whether it's contacting the manufacturer or getting on the Internet, whatever it is, I think I deserve to have that information in front of me.

LEG. HALEY:
Madam Chair?

MR. MAIMONI:
If I may might just add a couple of things, and I know very little about this subject but Paul -- I have not known Paul now for eight years and there's nobody who knows more about this subject.

CHAIRPERSON FIELDS:
Could you use the microphone, please, Bob? Thanks.

MR. MAIMONI:
A couple of the issues that I think you want to be aware of is that there are currently -- and I'm reading from the memo that he prepared for us. Currently New York State certifies 171 bottled water facilities, all but two of them are outside of Suffolk County. Now, it's not -- you know, there's a practical application here about how do I get the people in France that are bottling water to comply with this regulation, or do we set up something on the County border to make sure it doesn't come in, or do we start going to all the places that bottled water is sold which we don't do right now? In other words, we go to restaurants, you know, we go to delicatessens, but news stands sell bottled water, you know. You talk to generating a workload that we'd have to have an army of staff to try to enforce on that level. There is a lot of State oversight in this area and

Federal oversight in this area in terms of bottled water.

You know, our problem with the bill becomes one of practicality as to how to go about getting people to comply. And when you start to get familiar with what contents are in water and the fact that when they fill them up today and then next week they fill them up from the same source, there's a different chemical component in it, it's different substance. So, you know, everything is a snapshot in time. I mean, there's just a lot -- there's a lot of problems with the bill in terms of it's just very practical application, and that's our concern.

LEG. HALEY:
Madam Chair? You know, on a can of peas one of the major components is water, so that means on a can of peas we have to break down the components, and maybe we should do that for peas as well because peas might be bad for you. So what I would say is that for a small can of peas they should, you know, probably have an eight by eleven document that's going to break down so to make sure that you're fully aware of everything that's in that can of peas including the water, all right, where that water came from and test it. But just understand one thing, that can of peas is probably going to cost you $3.70.

LEG. POSTAL:
I can't resist. I think that most people who buy bottled water buy bottled water because they believe that it's healthier than drinking either the water that's coming from their well or the water that's coming from their faucet; whether that's true or not is a whole other issue.

MR. MAIMONI:
I want to do something, and I swear to God I haven't rehearsed this. But this gentleman to my right has tested every bottle of water that's on the shelf, you know, he goes through this whole thing; Paul, what water do you have your family drink?

MR. PONTURO:
Suffolk County Water.

LEG. POSTAL:
Oh, I know that. I'm not suggesting that there is a real valid reason why people should distrust public water and use bottled water. I'm just suggesting that people who do use bottled water I think use it because they believe that it's healthier or safer. So that in that case, somebody is spending money for a product that they assume that they're buying to be healthier or safer and I think that they deserve to have the ingredients. Now, when you when you buy a can of peas you may truly believe that you're buying something that's good for you, but I don't think that you're selecting a product which you could naturally get let's say by walking into your own kitchen and you're buying that can because it's healthier than what's growing in your kitchen, for example.

I think that there's a certain representation on the part of bottled water manufacturers, whether they actually say that it's safer or healthier or they lead you to assume that it's safer and healthier. And therefore, I think they have a responsibility to provide information that would let the consumer make a determination of whether it's not even safer and healthier but safe and healthy for that consumer.

MR. MAIMONI:
Ms. Postal, one of the interesting things that I've learned from Paul, because we had to make a presentation to our executive staff about the water supply and drinking water and everything, and one of the things I found very interesting is that most of the bottled water, as you know, is housed in plastic containers, you know, and that's semi-permeable material where -- like I store mine in the garage, like a lot of people probably do, and only to find out that the gasoline that's for the lawn mower that's in the garage actually permeates the plastic and gets into the water if you leave it there long enough.

So, you know, it's really kind of a sticky subject. I mean, the more you learn about it the more you feel -- you realize that, you know --

LEG. HALEY:
Water is no good for you.

CHAIRPERSON FIELDS:
Bottled water.

MR. MAIMONI:
I tell you, I drink it out of the tap now.

CHAIRPERSON FIELDS:
I'm thinking, though, that perhaps this is not under the purview of Suffolk County and maybe this bill should be a Memorializing Sense Resolution and let the State do it, because it sounds like it would be something that we would not be able to handle if that were --

LEG. HALEY:
I agree.

CHAIRPERSON FIELDS:
Okay. Next speaker -- thank you very much.

MR. PONTURO:
Thank you.

CHAIRPERSON FIELDS:
Next speaker is Maryann Zacharia followed by Rich Couch. Do you both want to come up together? I think you're both here for the same thing. And Claire Millman, I don't know -- maybe you all would like to come up together. Thanks.

MS. ZACHARIA:
Good morning.

CHAIRPERSON FIELDS:
Good morning.

MS. ZACHARIA:
My name is Marianne Zacharia, I'm the Director of Education and Advocacy for the American Lung Association of Nassau-Suffolk, and I'm here actually for what I thought was going to be two issues but I found out there is another resolution on the table which I'll also speak about.

The first resolution I'm going to talk about is 1496 introduced by Legislator Carpenter which is banning smoking 50 feet from hospitals in Suffolk County buildings. The American Lung Association is very

much in favor of this bill. As you know, there is no safe level of secondhand smoke. It is a Class A Carcinogen, it has long-term cumulative effects on people, but it also has immediate effects on people as well. Particularly, it affects people who have chronic lung disease and it can take only really a small amount of environmental tobacco smoke to trigger an asthmatic episode in somebody who is susceptible. So we really do feel that people who have to go into

public buildings should have the right to breathe clean air on the way in and on the way out, so we're very much in support of this.

The second bill I'll talk about is 1495 introduced by Legislator Postal, thank you. We're of course very much in favor of establishing a smoking prevention and cessation program for teen-age or adolescent females. The American Lung Association is working with the Suffolk County Department of Health Services to implement a program which we have called NOT, it's Not On Tobacco. It is a smoking cessation program specifically designed for teenagers and it is gender specific, because we do know that boys and girls smoke for very different reasons and we do know that they need to quit for different reasons. So we're working with them to implement this in the high schools in the next year, so we're very happy with this particular proposal.

And the third thing which I just found out about this morning is the Sense Resolution also introduced by Legislator Carpenter requiring Suffolk County schools to post no smoking signs for recreational events. We think this is really important, we know that most of the schools do have a sign as you enter saying that this is a smoke-free facility, but unfortunately when you get out into the athletic field some of those signs are just not there and parents who come to watch their kids play different sporting events don't really realize that they're not allowed to smoke on the fields because it is illegal to smoke on school grounds period.

This fits in very nicely with a proposal that our Tobacco Action Coalition has recently come up with where we would like to provide signs for the Suffolk County schools, we will pay for the signs for the Suffolk County schools to be able to post them in athletic fields. So we'd like to work together with them on this proposal.

LEG. HALEY:
Okay. I could just imagine what would happen if the male caucus put together a bill that established a smoking prevention and cessation program for adolescent males in Suffolk County; could you imagine would happen to us? But I'm asking right now for Legislative Counsel to create legislation that matches this exact legislation, just replace female with male so we can get some --

CHAIRPERSON FIELDS:
Um --

LEG. HALEY:
No, I'm not finished.

CHAIRPERSON FIELDS:
Can I ask just a question?

LEG. HALEY:
Yeah.

CHAIRPERSON FIELDS:
Maybe Marianne can answer this.

LEG. HALEY:
They have programs.

CHAIRPERSON FIELDS:
No, no, that's not my question. Are there more incidents of female smokers than there are male?

MS. ZACHARIA:
I think statistically when we're looking at it it's about -- it's pretty much even. There still may be a few more male smokers than female smokers.

LEG. HALEY:
Okay. So if Counsel would file that, I'd appreciate it.

MS. ZACHARIA:
But we do have some other issues with females that we don't have with males which is smoking in pregnancy which is a real important issue.

LEG. HALEY:
Right, as is such as the reduction of athletic prowess and obviously the effects on skin, hair and teeth that guys have too. So if Counsel would draft that resolution, I'd appreciate that.

Secondly, the question I have about the American Lung Association, do you think that they would support legislation that banned all smoking outside in Suffolk County?

MS. ZACHARIA:
All smoking outside?

LEG. HALEY:
Yeah.

MS. ZACHARIA:
I really don't know, to tell you the truth. But I know that where people have to go -- where people are forced to walk through areas where there is a lot of smoking, and that's where people do tend to go when -- if they're working inside of a public building, they come outside, they generally don't walk very far from the front of the building, especially in the winter time, so that there tends to be a lot of people out people standing out in the front of the building. When you do have to go into the building or exit the building, you are forced to walk right through that wall of smoke, so if you move it away from the building people will disperse a little bit more and we don't have that problem.

LEG. HALEY:
Do you think 50 feet is enough? Maybe it should be a hundred feet.

MS. ZACHARIA:
Maybe it should be.

LEG. HALEY:
Maybe it should be half a mile.
MS. ZACHARIA:
Maybe it should be.

LEG. HALEY:
Yeah.

MS. ZACHARIA:
I think it will also tend to help those smokers, it gives them another incentive to quit.

LEG. HALEY:
I don't need government to give me incentives, whether or not I choose to smoke or not smoke, I think that that's -- I'm glad you brought that up because I really think that that's the problem. But I would also say that the problem I have with this particular legislation says 50 feet of, you know, the entire radius. You know what, I can almost understand, you know, within a short radius of an entry-way where it might be a problem where someone can't effectively enter a building, you know, without going through an irritant, I could understand that component. But I think what happens when we do stuff like this, it gets to be a little bit far reaching. And, you know, one of the things that we've done is -- one of the problems we have as a County is that we have a lot of long-term employees that were smokers within our buildings many years ago, and that was part of a choice that they made, and the County has decided over the years not to allow smoking and the State and whatever has decided not to allow smoking in buildings. So we've provided those people the opportunities to exit the building, obviously because that's something they always had, in a sense, the right to do was to smoke. So now we're -- again, they have that choice and now what we're doing is we're making it that much more difficult for them when they originally had the right to smoke within our buildings.

So I'm always concerned about that because if it's not 50 feet, if it's 50 feet today it could be a hundred feet tomorrow. Whereas if you are very specific as to within a certain distance of a doorway, for instance, than some of the people who do smoke and have a right to smoke -- and I defend their right to smoke, by the way -- can go in an area near the building that's somewhat protected but is not interfering with the normal access to the building. Thank you.

MS. ZACHARIA:
Rich?

MR. COUCH:
Thank you. I'm just going to hold it, I think it's easier. Legislator Fields, Members of the Health Committee, it's a pleasure to be with you this morning. My name is Rich Couch, I'm the Regional Advocacy Director for the American Cancer Society's Long Island Region. I'm here today on behalf of over 300 volunteer advocates to testify in support of three agenda items that have to do with the fight against cancer, resolution 1495, Resolution 1496 and Sense Resolution 441; all will help to educate and protect Suffolk County residents of the negative effects that tobacco use has on our society.

I'll start with Resolution 1495 which establishes smoking prevention and cessation programs for adolescent females in Suffolk County. We know that smoking is the most preventable cause of disease in our society. In a 1999 study, 37% of the female students surveyed admitted to using some type of tobacco product. For too long now smoking has been seen as a glamorous activity for young ladies. The tobacco industry has marketed to women with sexy, stylish packaging,

more petite cigarettes, not to mention popular advertisements such as, "You've come a long way, baby".

I have to ask this body, and I've already said I wouldn't resort to this but we have a poster that just seemed a little too compelling -- and the committee don't have to answer this, it's a rhetorical question -- but does this woman look glamorous? This is a picture of a woman who was a smoker for years and I'm submit it for the committee and we have more posters like this if you'd like it. I would argue that --

LEG. HALEY:
Can I interrupt?

MR. COUCH:
Sure.

LEG. HALEY:
Would you turn that around and show the audience? You know, I've seen some pretty unglamorous women that are non smokers so, I mean, you know, I don't know what you're trying to say there. You know, same with guys, too.

MR. COUCH:
Well, we're equal, we do have a male version of this poster, too.

LEG. HALEY:
Okay, all right.

MR. COUCH:
He's not pretty either.

CHAIRPERSON FIELDS:
Do you have that poster with you?

MR. COUCH:
No, but I'd be happy to get you a copy if you'd like it.

CHAIRPERSON FIELDS:
Yes, please.

MR. COUCH:
I've been in front of this body enough, I guess I feel I can have a little fun with them now, so I'll bring posters from now on if you want me to.

It's my humble that opinion that this women doesn't appear glamorous to me, I'll share that opinion. What the tobacco industry doesn't want young women to know about is that nationally over 70,000 women will die this year of the cancers that tobacco use is most responsible for. Those cancers include tongue cancer, 600 deaths this year; mouth cancer, 1,000 women will die this year; pharynx, 600 women will die this year; other oral cavities, 500 women will die this year; the larynx, 900 women will die this year; lung and bronchus cancer, 67,3000 women will die this year; other respiratory organs, 400.

Resolution 1495 targets smoking prevention and cessation programs toward women and there as valid -- and there is validity in such a proposal. Expectant mothers who smoke give birth to lower birth weight babies. Women also have established a reputation as informal care

givers, health educators and a group that talks about health concerns. And I think this maybe resonates a little bit with Mr. Haley's concerns, you know, why a program for women. We know that most men make medical decisions based on the advice of the female in their life, whether that be their mother, their wife --

LEG. POSTAL:
Uh oh.

LEG. HALEY:
I agree with him.

MR. COUCH:
So we know -- you know, I have not been to the Haley household, but chances are when he goes to the doctor he's directed.

LEG. HALEY:
(Inaudible).

MR. COUCH:
My mother lives five hours away and I'm still directed. So we know that by directing the Tobacco Education and Cessation Program toward women, we will indirectly reach not only the next generation through helping non smoking mothers but will reach men as well.

Moving on, Resolution 1496, the Local Law to extend smoking ban on a 50 foot radius outside of County buildings and hospitals in Suffolk County. And I just found out about the Sense Resolution 41 this morning, but really my testimony for Resolution 1496 and Sense Resolution 41 would be interchangable, so I hope that you'll think of both resolutions as I share some of my info.

We know that secondhand smoke contains numerous human carcinogens for which there is no safe level of exposure. Each year 3,000 non smoking adults die from lung cancer as a result of breathing secondhand smoke. Thirty-five to 40,000 people who are not current smokers will die from heart disease each year as a result of secondhand smoke. Given Suffolk County's strong, progressive record on tobacco control and clean indoor air initiatives, this proposal is the next logical step. No one should have to walk through the smoke screens that have been created as smokers have moved from inside the buildings to the area just outside the building entrances. This proposed legislation as it pertains to hospitals is just good common sense. When you consider that secondhand smoke is responsible for 7,500 to 15,000 hospitalizations each year to treat lower respiratory illnesses, doesn't it make sense that an institution that is devoted to treating our most infirmed citizens have a healthy, smoke-free environment, both inside and out? Based solely on the terrible health effects of secondhand smoke, the American Cancer Society supports Resolution 1496 as well as Sense Resolution 41, it just sends a message in the schools what's already State law, that there's no smoking on campuses.

Yet again, this committee has undertaken an aggressive and worth while agenda with regard to tobacco use. It's my pleasure to testify before you this morning. Thank you.

CHAIRPERSON FIELDS:
Thank you.

LEG. POSTAL:

I just wanted to -- I know Claire is yet to speak, but I wanted to respond to Legislator Haley about why the resolution is specific about adolescent females. It's not that the sponsors don't care about adolescent males. I mean, I'm a mother of sons and I care very deeply about the health of my own sons and other mothers sons. But I think that there are some specific facts about young women who are smoking, I think one was mentioned, the issue of the impact of smoking on pregnancy, that's really important. But what's also important, and it was mentioned, is statistically, Marty, statistics show that smoking is -- the numbers of people smoking or the percentage of people smoking is falling in every age group except adolescent females, and is falling appreciably in every age group except adolescent females. And I don't remember, maybe Rich can remind me, whether it's remaining stable for adolescent females or actually increasing for adolescent females. But that was my concern, that something is happening out there which is making it -- which is motivating people either to stop smoking or not start smoking in every age group and, you know, every population group except for adolescent females. So that's why there seems to be sort of a need for some kind of special approach and, you know, I do want Rich to respond.

I also want to ask the American Lung Association, I don't know whether there's anything in writing because we kind of brainstormed about what gender specific techniques and messages could be delivered. I would be really interested in getting some information about what -- the two programs you mentioned, the gender specific programs for males and for females. So, you know, I don't know if the other members of the committee would like that, but I would be fascinated to see that.

MS. ZACHARIA:
I would be happy to provide you with that.

MS. MILLMAN:
I would like -- when it comes to my turn I'll address that as well.

LEG. POSTAL:
Well, I asked Rich a question.

MR. COUCH:
Right and I'd like to respond to that. Legislator Postal is a hundred percent correct. I made reference to a 1999 study where 37% of the

females surveyed admitted to using a tobacco product; the same study was done in '97 and it was 36%, so the numbers are going up. And yes, that's only 1% in two years, but 1% of the young people in America is a lot of daughters, that's a lot of nieces.

LEG. POSTAL:
And it's the only group that's going up, is that right?

MR. COUCH:
Yes. Yeah, men -- males are coming down, females are going up.

CHAIRPERSON FIELDS:
I'm going to ask Claire Millman to speak next, but I would also an ask the three of you if you would -- if the bill comes out of committee today, which I hope it will, that you come on Tuesday ready to present some statistics about the fact that, you know, there seems to be more of a female problem. Thank you.

MS. MILLMAN:
Okay. Good morning. I am Claire Millman. It's very nice to be with you again, see all of you. I'd like to address first the bill supporting -- in support -- I would like to voice my feelings in support of the bill banning a 50 foot radius smoking.

We welcome this proposed legislation which would afford protection from ETS to employees and the general public as they enter and exit County buildings and hospitals. No one should be subjected to the toxic and carcinogenic fumes of tobacco smoke as a toll for entering any public building. More than 50,000 studies worldwide have established that there is no safe level of exposure to ETS, it's our number three cause of preventable death responsible in this country from 3,000 to 4,000 lung cancer deaths, more than 47,000 fatal heart attacks, 150,000 non fatal heart attacks and hundreds of thousands of new cases of asthma and other respiratory illnesses among non smokers every year. The tobacco industry's own internal reports reveal that it knew from its own testing started in the mid 70's side stream smoke was, quote, biologically active, that is carcinogenic, and they took steps to hide these findings while publicly denying the hazards.

We'd like to suggest that this protection from ETS be extended. And I'm sorry legislator Haley has left -- oh.

CHAIRPERSON FIELDS:
Legislator Haley, she's looking to you.

MS. MILLMAN:
Because I wanted to address this, I wanted him to hear, because we're suggesting that this protection from ETS be extended by having buffer zones outside movie and other theatres, outside indoor shopping malls and smoke-free amusement parks, except for designated areas away from the rides and eating or snack concessions. This would protect the general public and especially children who are more susceptible to the deleterious effects of ETS. Laws mandating smoke-free public places are a major factor in reducing social acceptability of smoking benefitting all our society. While protecting non smokers from the toxic and carcinogenic fumes, the laws provide incentives for smokers

to quit and send a message to all, including teams, that active and passive smoking kill, and we look forward to speedy passage of this bill.

Regarding the 50 foot radius and the fact that how far you're going to extend it and it may be far reaching, quote, that's what I heard. And I wanted to address that part because unfortunately it's the smoke that's far reaching, the smoke doesn't stay within just a few feet, the smoke travels. And I got into this all these years ago because wherever I went to purchase goods and services or stay outside on any kind of line for any kind of purpose, I would come home sick and there was nothing physically wrong with me, but I would come home sick from the environmental tobacco smoke that I had to suffer in order to perform all my daily activities. I would get an instant sore throat which felt like strep -- I still do, but thank goodness for your regulations and the world is catching on, it's so much less frequently -- an instant sore throat that would travel into the bronchial tubes. I would eventually have to see a doctor and my doctor would look at me and say, "Smoke again," and I'd say, "How do you know," well, he could see that the membranes were inflamed. It would go into an infection, I would have to go on to an antibiotic; nothing

really physically wrong with me, it doesn't happen when I'm not in a smoking environment. And that -- and I don't have asthma and so personally speaking, I'm just coming from a physically well person and how it effects us. And so we are asking, the Alliance for Smoke-free Air, that this would go even further in time.

CHAIRPERSON FIELDS:
Thank you.

MS. MILLMAN:
Addressing in support of establishing Smoking Prevention and Cessation Program for Adolescent Females in Suffolk County, as the President of the Alliance for Smoke-Free Air, we would like to express our appreciation for Suffolk -- to Suffolk County for appropriately appropriating an impressive amount of money from the tobacco settlement funds for a large scale, comprehensive tobacco control program and addressing particularly women and the tobacco epidemic. Women and smoking, a 2001 report of the Surgeon General stresses how the tobacco industry has historically and currently devised marketing programs that specifically target women. I have in hand one of the myriad examples of this fact; New York Magazine, Virginia Slims, two page spread, text reading "Never let the goody two shoes get you down, find your voice."

The fact that smoking is the leading cause of death and disease among women points up the success of the industry strategy which incorporates themes of social desirability and independence. The tobacco industry's internal documents clearly point up their deliberate targeting of the children to replace the smokers who have died or quit. While the master settlement agreement restricted some of their advertising, they retained enough leeway so that they not only continued to target our youth, they have, according to recent reports, tremendously increased their advertising in this area since the master settlement agreement. Along with their consistent aim at magazines with substantial youth readership, they still maneuver to

have smoking permanently portrayed in movies and TV programs and disproportionate to the amount of actual smoking that is going on in our society. And this stresses the need to counter the false image of tobacco smoking as a desirable pleasure of our normal part of life.

In 2000, far more women died of lung cancer than of breast cancer. What most women don't know is the high risk of tobacco related deaths from heart disease. A woman's annual risk doubles among continuing smokers compared with those who have never smoked in all age groups from 45 to 74. Most don't know of the high risk of many other cancers, including most of the organs of the body. They don't know of the various adverse reproductive outcomes, abortions, small birth rates, birth defects in children that are born of smokers, strokes, hemorrhages and aneurisms. Serious health consequence of secondhand smoke, our nation's number three cause of preventable death, are of concern globally as an important women's issue, those concerns expressed in the World Health Organization's press release of May 10th. And I have here from the World Health Organization, "Women and the Tobacco Epidemic," it is an entire book dedicated to the problem that we have globally with women and tobacco. .

CHAIRPERSON FIELDS:
Will you be bringing that on Tuesday?

MS. MILLMAN:
Yes, I will, I'll be happy to.

CHAIRPERSON FIELDS:
And maybe a copy of what you just read about women and statistics could go to Legislator Haley?

MS. MILLMAN:
Absolutely. As the world recognizes, and it is the world recognizing the urgency of measures to combat this epidemic, Suffolk County's giant steps maintain its longstanding position as roll model in protection of public health.

Many years ago, as I testified in support of the proposed Clean Indoor Air Act in New York City, I was asked details about Suffolk County's law which was already in place and, once again, Suffolk County can be proud of its leadership in health initiatives. Thank you.

CHAIRPERSON FIELDS:
I would ask that we go into executive session. Is Mr. Garfinkle in the lobby? You know what? I think the agenda is fairly simplistic, we could probably run right through it and then ask for an executive session.

TABLED RESOLUTIONS

IR 1135-01 - Amending the 2001 Operating Budget and appropriating funds to implement Osteoporosis Testing Program in Suffolk County (Postal).

LEG. POSTAL:
Motion to approve.
CHAIRPERSON FIELDS:
Second. All in favor? Opposed? Approved (VOTE: 4-0-0-00.

LEG. POSTAL:
And May I, Madam Chair, just for our Counsel, Mr. Sabatino? This is a corrected copy so that it removes the purchase of the screening machine. And I had written a letter to the Presiding Officer asking that the committee assignment be modified because it should no longer be in the Budget Committee since it really is an informational resolution.

MR. SABATINO:
That was confirmed at the time it was done.

LEG. POSTAL:
So is this prime now?

MR. SABATINO:
The record should show this as being the prime committee based on that change.

LEG. POSTAL:
Terrific. Thank you.

CHAIRPERSON FIELDS:
Thank you. IR 1353-01 (P) - Authorizing Estee Lauder Breast Cancer Awareness Program at County buildings (Alden). I was concerned that we didn't have a fiscal impact statement, we do now have it. I'll make a

motion to approve.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 4-0-0-0). And I'll cosponsor that also.

IR 1484-01 (P) - Adopting Local Law No. 2001, a Local Law to expand regulation of dangerous dogs (Crecca). Motion to approve. Do I have a second?

LEG. POSTAL:
I'll second it. There were some suggested changes. Could I ask Counsel --

CHAIRPERSON FIELDS:
Legislator Crecca's Aide came to me a little while ago saying that he would be speaking to Counsel to try to make a couple of changes before Tuesday.

LEG. POSTAL:
Okay. Is that going --

CHAIRPERSON FIELDS:
Or maybe we could discharge this without recommendation.

LEG. POSTAL:
That would be fine with me, too.

CHAIRPERSON FIELDS:
Okay? I'll make a motion to discharge without recommendation.

LEG. FOLEY:
Madam Chair, just understand, though, that -- and I hope that Legislator Crecca takes some of the suggestions raised by my constituent who spoke earlier. And if he does make some of those suggested changes, that the bill will not be eligible to be voted upon on Tuesday because Monday of this past week was the deadline for amendments.

CHAIRPERSON FIELDS:
You want to table it then?

LEG. FOLEY:
If it's technical is one thing, but if it gets to the heart of the definition or to the heart of the resolution, then under rules of the Legislature we can't vote on it on Tuesday unless there's a CN from the County Executive.

MR. SABATINO:
There may be a little confusion. I know I had spoken to Legislator Crecca yesterday. Changes that were contemplated had actually been made before I filed the original version form. So items that he thought somehow had slipped away were, in fact, in the version that was filed.

LEG. FOLEY:

Okay.

MR. SABATINO:
Someone testified at the public hearing, that individual's comment really wouldn't generate a change because it was -- I think the person misunderstood what was in the legislation. So I had this conversation with Legislator Crecca last night. So where things stood last night was that the bill was, in fact, in its previously filed form exactly representative of the changes that had been communicated to Legislator Crecca before the bill was filed. If there's something coming out of today, however, that would be of a substantive nature, then Legislator Foley is correct, that would require a corrected copy. But I want to say on the record that in terms of previous comments that were made, the bill conforms to what it should be and it would be eligible.

CHAIRPERSON FIELDS:
Then I'm going to stick with discharging without recommendation and it will be up to the sponsor to either make or change or table it come Tuesday. All in favor? Opposed? Discharged without recommendation (VOTE: 4-0-0-0).

INTRODUCTORY RESOLUTIONS

IR 1490-01 (P) - Adopting Local Law No. 2001, a Local Law to

establish healthy bottled water labeling law (Alden). I'm going to make a motion to table.

LEG. FOLEY:
Public hearing. Second the motion.

CHAIRPERSON FIELDS:
All in favor? Opposed? Tabled (VOTE: 4-0-0-0).

IR 1495-01 (P) - Establishing Smoking Prevention and Cessation Program for Adolescent Females in Suffolk County (Postal).

LEG. POSTAL:
Motion to approve.

CHAIRPERSON FIELDS:
I'll second that. All in favor?

LEG. FOLEY:
On the motion.

CHAIRPERSON FIELDS:
Yes.

LEG. FOLEY:
Very quickly, if I could hear from the sponsor of the bill. By undertaking this approach it does not take away any resources that will move forward to educate adolescent men and boys and teenagers about the dangers of smoking.

LEG. POSTAL:
No. As a matter of fact, it emphasizes the current Smoking Prevention and Cessation Program that we're doing in -- for adolescents in the high schools and youth groups. Just as an addition, it directs the Department of Health Services to provide a gender specific program for

adolescent females that would supplement, not take away from.

LEG. FOLEY:
And that's given the fact that of any particular group or demographic group that's there's an alarming increase in smoking among adolescent females.

LEG. POSTAL:
As a matter of fact, it's the only group where smoking is increasing and not decreasing.

LEG. FOLEY:
Thank you.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 4-0-0-0).

IR 1496-01 (P) - Adopting Local Law No. 2001, a Local Law to extend smoking ban to 50-foot radius outside of County buildings and hospitals (Carpenter).

LEG. POSTAL:
Motion to table pending a public hearing.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Tabled (VOTE: 4-0-0-0).

IR 1557-01 (P) - Accepting and appropriating 53.4% Federal grant funds from the United Way of Long Island to the Department of Health Services, Division of Patient Care Services, for the Ryan White Title I, HIV Dental Clinics Program and creating 60% Dental Director - Health Services (County Executive). Why is it 53.4%?

LEG. FOLEY:
Point four is the killer.

LEG. POSTAL:
Motion.

LEG. FOLEY:
Second the motion.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 4-0-0-0).

IR 1559-01 (P) - Reaccepting and reappropriating 73.4% Federal grant funds from the New York State Division of Criminal Justice to the Department of Health Services, Division of Forensic Sciences, for a Cold Search Initiative (County Executive).

LEG. POSTAL:
Motion.

CHAIRPERSON FIELDS:
Second. All in favor? Opposed? Approved (VOTE: 4-0-0-0).

IR 1577-01 (P) - Accepting and appropriating an additional 100% grant

funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, to extend family support programs (County Executive).

LEG. POSTAL:
Motion to place on the consent calendar and approve.

LEG. FOLEY:
Second both motions.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved and put on the consent calendar (VOTE: 4-0-0-0).

INTRODUCTORY SENSE RESOLUTIONS

Sense 41-2001 - Memorializing Resolution requesting Suffolk County schools to post "No Smoking" signs for recreational events (Carpenter). I'll make a motion to approve.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved (VOTE: 4-0-0-0).

Sense 43-2001 - Memorializing Resolution requesting the State of New York to ban handwritten prescriptions (Fields). I'll make a motion to approve.

LEG. FOLEY:
Second.

CHAIRPERSON FIELDS:
All in favor? Opposed? Approved.

LEG. HALEY:
Opposed.

CHAIRPERSON FIELDS:
Legislator Haley opposed. Approved (VOTE: 3-1-0-0 Opposed: Legislator Haley).

I would ask that we go into executive session to discuss the Bay Shore Health Center and approve the presence of Public Works, Law Department, Health Department, Budget Review and Legis -- the 19th Legislator and the County Executive's Office. All in favor? Opposed? We are in executive session.

(*The meeting was moved into Executive Session and then adjourned at 12:10 p.m.*)

Legislator Ginny Fields, Chairperson
Health Committee

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